

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0890814

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	257 Ave. Lauro Pineiro Ceiba, PR 00735 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	Ceiba County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **NEW MEDICAL AND EDUCATION SERVICES, INC. U.S.P.** Document Page 2 of 13 Case number (if known)

Name

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- ☒ No.
- ☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

Debtor **NEW MEDICAL AND EDUCATION SERVICES, INC. U.S.P.** Case number (if known) _____
 Name _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
 District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
- Number, Street, City, State & ZIP Code _____
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.
14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |
16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

NEW MEDICAL AND EDUCATION SERVICES, INC. C.S.P.

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 17, 2023
MM / DD / YYYY

X /s/ ORVIL EDGARDO RAMOS DIAZ
Signature of authorized representative of debtor

ORVIL EDGARDO RAMOS DIAZ
Printed name

Title PRESIDENT

18. Signature of attorney

X /s/ IS/ Gloria Justiniano Irizarry
Signature of attorney for debtor

Date August 17, 2023
MM / DD / YYYY

/S/ Gloria Justiniano Irizarry 207603
Printed name

Firm name

Calle A. Ramirez Silva #8
Ensanche Martinez
Mayaguez, PR 00680
Number, Street, City, State & ZIP Code

Contact phone 787 831-2577

Email address justinianolaw@gmail.com

207603 PR
Bar number and State

Fill in this information to identify the case:

Debtor name NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 17, 2023

X /s/ ORVIL EDGARDO RAMOS DIAZ

Signature of individual signing on behalf of debtor

ORVIL EDGARDO RAMOS DIAZ

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.**
United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Banco Popular De Puerto Rico PO Box 362708 San Juan, PR 00936-2708		credit line				\$150,000.00
Department Of Treasury PO Box 9024140 Off. 424.B Bankruptcy Section San Juan, PR 00902-4140		taxes and withholding payroll liabilities				\$2,000,000.00
JOSE CENTENO Paisajes del Lago C 2 Camino del Monte Luquillo, PR 00773		commercial loan				\$780,000.00
State Insurance Fund PO Box 365028 San Juan, PR 00936-5028		employments insurance	Contingent Unliquidated Disputed			\$40,000.00

United States Bankruptcy Court
District of Puerto Rico

In re NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-------------|
| For legal services, I have agreed to accept | \$ | <u>0.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>0.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
- Filing of Chapter 11 Case including Voluntary Petition, Schedules and Statement of Financial Affairs (SOFA). Services include all related Motions, hearings and matters related to the Chapter 11 Case, including filing of the Chapter 11 Plan and the events related to its Confirmation. Includes Motions to Sale (except filing fees); Motions for the Use of Cash Collateral, Motions for Valuation or Objection of Claims; Relief from Stay Actions, Motions for Administrative Claims; Motions for Post Petition Credit (except the filing fees).**
I have recived a retainer fee in the amount of \$6,000.00 Debtors will be charged at \$275 per hour to be deducted from the retainer received. Cost will be billed for copies and others as authorized by the U. S. Trustee Guidelines. Attorney's fees are subject to Court's approval.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any judicial lien avoidances.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 17, 2023

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney

Calle A. Ramirez Silva #8

Ensanche Martinez

Mayaguez, PR 00680

787 831-2577 Fax: 787 805-7350

justinianolaw@gmail.com

Name of law firm

United States Bankruptcy Court
District of Puerto Rico

In re NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
ORVIL EDGARDO RAMOS DIAZ 257 Av. Lauro Pineiro Ceiba, PR 00735	common shares		sole stockholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 17, 2023

Signature  /s/ ORVIL EDGARDO RAMOS DIAZ
ORVIL EDGARDO RAMOS DIAZ

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

United States Bankruptcy Court
District of Puerto Rico

In re NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.
Debtor(s)

Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 17, 2023



/s/ ORVIL EDGARDO RAMOS DIAZ
ORVIL EDGARDO RAMOS DIAZ/PRESIDENT
Signer/Title

**United States Bankruptcy Court
District of Puerto Rico**

In re NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☐ None [*Check if applicable*]

August 17, 2023

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney or Litigant

Counsel for NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.

Calle A. Ramirez Silva #8

Ensanche Martinez

Mayaguez, PR 00680

787 831-2577 Fax:787 805-7350

justinianolaw@gmail.com

NEW MEDICAL AND EDUCATION SERVICES, INC.C.S.P.
257 AVE. LAURO PINEIRO
CEIBA, PR 00735

/S/ GLORIA JUSTINIANO IRIZARRY
CALLE A. RAMIREZ SILVA #8
ENSANCHE MARTINEZ
MAYAGUEZ, PR 00680

BANCO POPULAR DE PUERTO RICO
PO BOX 362708
SAN JUAN, PR 00936-2708

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5807

DEPARTMENT OF TREASURY
PO BOX 9024140 OFF. 424.B
BANKRUPTCY SECTION
SAN JUAN, PR 00902-4140

INTERNAL REVENUE SERVICES
48 CARR 165 STE 2000
CITY VIEW PLAZA II
GUAYNABO, PR 00968-8000

IRS
PO BOX 7317
PHILADELPHIA, PA 19101-7317

JOSE CENTENO
PAISAJES DEL LAGO
C 2 CAMINO DEL MONTE
LUQUILLO, PR 00773

STATE INSURANCE FUND
PO BOX 365028
SAN JUAN, PR 00936-5028